

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90249 026 ****50.00

DOCUMENT # L99000006455

1. Entity Name

JACKSON & RENFROE, LLC



Principal Place of Business

**6520 DANIELS ROAD
NAPLES FL 34109**

Mailing Address

**6520 DANIELS ROAD
NAPLES FL 34109**

2. Principal Place of Business

2550 Garland Rd

Suite, Apt. #, etc.

3. Mailing Address

2550 Garland Rd

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Naples, FL

Zip

34117

Country

US

City & State

Naples, FL

Zip

34117

Country

USA

4. FEI Number

59-3604325

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RENFROE, EDWARD A
6520 DANIELS RD
NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name

Renfro, Edward A.

Street Address (P.O. Box Number is Not Acceptable)

5088 Seashell Lane

City

Naples, FL

FL

Zip Code

34103

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

EDWARD A. RENFROE

1/17/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **RENFROE, EDWARD A**
STREET ADDRESS **6520 DANIELS ROAD**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **MGR** ☐ Delete
NAME **JACKSON, DARVIN**
STREET ADDRESS **6520 DANIELS ROAD**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **Renfro, Edward A.**
STREET ADDRESS **5088 Seashell Ave**
CITY-ST-ZIP **Naples, FL 34103**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Jackson, Darvin E.**
STREET ADDRESS **6290 Cedar tree Lane**
CITY-ST-ZIP **Naples, FL 34116**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/17/03

Date

**239-
455-5020**

Daytime Phone #

CR2E083 (10/02)